

11-1-00

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	ET		10-1-00
<b>O.I.P.E. CLASSIFIER</b>	DW	72	10/19
<b>FORMALITY REVIEW</b>	JA	JG 544	10/16/00
<b>RESPONSE FORMALITY REVIEW</b>	GC	7142	10/19/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted C ..... Objected

Claim	Date
Final	10-29-00
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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